

ENERGIZE MISSOURI INDUSTRIES

MISSOURI DEPARTMENT OF NATURAL RESOURCES



INDUSTRIAL

Energy Efficiency

QUALIFIED AUDITOR FORM

Auditor Information

Auditor Name:

Company Name:

Position Title:

Mailing Address:

City:

Zip Code + 4:

Email Address:

Telephone Number:

Fax Number:

Qualifications

Please check each box that applies:

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Four year technical degree with at least two years of commercial/industrial energy auditing experience.

University/College Name:

Degree:

Year of Graduation:

Years of Experience:

– OR –

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Two year technical degree with at least five years of commercial/industrial energy auditing experience.

University/College Name:

Degree:

Year of Graduation:

Years of Experience:

– OR –

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Professional Engineer (PE) Accreditation

Accreditation Year:

☐

Certified Energy Manager (CEM) Accreditation

Accreditation Year:

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Certified Energy Auditor (CEA) Accreditation

Accreditation Year:

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Other Certification: _____

Accreditation Year:

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Experience

Provide a brief explanation of your industrial/commercial energy audit experience, as well as any other energy-related experience.

Signature

I hereby certify that the information presented in this application form is true and accurate. I am also aware that the information provided will be used to determine eligibility to participate as an auditor on the *Energize Missouri Industries* – Industrial Energy Efficiency Program and that the information is subject to external verification and may be released for such purposes.

Name

Signature

Date